Bureau of Health Care Quality and Compliance

		(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB		` ′	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	NVN5232AGC			A. BUILDING B. WING		06/15/2010	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
CASCADE	S OF THE SIERRA		275 NEIGH RENO, NV	BORHOOD W 89441	ΑΥ		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODE	JLD BE	(X5) COMPLETE DATE
Y 000	Initial Comments			Y 000			
	The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 6/15/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 96 Residential Facility for Croup hade for elderly and dipabled persons.						
	for Group beds for elderly and disabled persons and 24 beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 60. Fifteen resident files were reviewed and fifteen employee files were reviewed. One discharged resident file was reviewed.		at the les				
	The facility received	and grade or 2.					
	The following deficie	ncies were identified:					
Y 103 SS=D	3 449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.			Y 103			
			ach lude:				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

			PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	NVN5232AGC			A. BUILDING B. WING			
		NVN5232AGC				06/1	5/2010
NAME OF PR	ROVIDER OR SUPPLIER			RESS, CITY, STA			
CASCADE	S OF THE SIERRA		275 NEIGH RENO, NV	BORHOOD W 89441	AY		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
Y 103	Continued From page 1			Y 103			
Y 180 SS=F	Based on record revifailed to ensure 1 of NAC 441A.375 regartesting for the protect (Employee #1 - no prosigns and symptom Severity: 2 Scope: 449.209(7) Health and NAC 449.209 7. The facility must metalized to the same series of the same ser	roof of positive TB test and review). 1 In Sanitation-Lighting raintain electrical lighting the comfort and safety	ity d with and g as	Y 180			
Y 255 SS=F	Based on observation the facility failed to er lights were functionin tower. Severity: 2 Scope:	ot met as evidenced by: n and interview on 6/15 nsure that all emergenc g on the third floor of th 3 mits - Comply with NAC	/10, y ie A	Y 255			
	6. A residential facility residents must:	y with more than 10 standards prescribed in					

					(X3) DATE SURVEY COMPLETED	
	NVN5232AGC		B. WING		06/	15/2010
OVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE			
S OF THE SIERRA				/AY		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FL		ID PREFIX TAG	(EACH CORRECTIVE ACTION S	HOULD BE	(X5) COMPLETE DATE
chapter 446 of NAC. (b) Obtain the necess of Health Protection is not been been been been been been been bee	sary permits from the Biservices of the Division of the Division of the Division of the Division of the the the standards of the country of the standards of th	e the 446. The dry d	Y 255			
d. The paper towel of	dispenser for the handsi	nk				
	COVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag chapter 446 of NAC. (b) Obtain the necess of Health Protection of Health	NVN5232AGC SOVIDER OR SUPPLIER SOF THE SIERRA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FREGULATORY OR LSC IDENTIFYING INFORMAT) Continued From page 2 chapter 446 of NAC. (b) Obtain the necessary permits from the B of Health Protection Services of the Division Health Protection Services of the Division Richard With the standards of NAC Findings include: 1 Critical Violations: a. Three badly dented cans were found in the storage room; (2) Apple Sauce and (1) Pitter Prunes. 2. Cleaning and Sanitation Issues: a. An in use food dispensing scoop was improperly stored within the brown sugar container located in the dry storage room. b. The meat slicer was found soiled with food debris especially in the blade sharpening are the machine. c. The juice and ice dispensers located in b server stations were soiled.	This Regulation is not met as evidenced by: Based on observation, interview and record review on 6-15-10, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1 Critical Violations: a. Three badly dented cans were found in the dry storage room; (2) Apple Sauce and (1) Pitted Prunes. 2. Cleaning and Sanitation Issues: a. An in use food dispensing scoop was improperly stored within the brown sugar container located in the dry storage room. b. The meat slicer was found soiled with food debris especially in the blade sharpening area of the machine. c. The juice and ice dispensers located in both	This Regulation is not met as evidenced by: Based on observation, interview and record review on 6-15-10, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1 Critical Violations: a. Three badly dented cans were found in the dry storage room; (2) Apple Sauce and (1) Pitted Prunes. 2. Cleaning and Sanitation Issues: a. An in use food dispensing scoop was improperly stored within the brown sugar container located in the dry storage room; b. The meat slicer was found soiled with food debris especially in the blade sharpening area of the machine. c. The juice and ice dispensers located in both server stations were soiled.	This Regulation is not met as evidenced by: Based on observation, interview and record review on 6-15-10, the facility failed to ensure the kitchen compiled with the standards of NAC 446. Findings include: 1. Critical Violations: a. Three badly dented cans were found in the dry storage room; (2) Apple Sauce and (1) Pitted Prunes. 2. Cleaning and Sanitation Issues: a. An in use food dispensing scoop was improperly stored within the brown sugar container located in the dry storage room. b. The meat slicer was found soiled with food debris especially in the blade sharpening area of the machine. c. The juice and ice dispensers located in both server stations were soiled.	This Regulation is not met as evidenced by: Based on observation, interview and record review on 61-51-01, the facility failed to ensure the kitchen compiled with the standards of NAC 446. Findings include: 1. Critical Violations: a. An in use food dispensing scoop was improperly stored within the brown sugar container located in the dry storage room, b. The meat slicer was found solled with food debris especially in the blade sharpening area of the machine. c. The juice and ice dispensers located in both server stations were solled.

AND DUAN OF CODDECTION		(X1) PROVIDER/SUPPLIER/C		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	NVN5232AGC			B. WING		06/1	5/2010
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRES	SS, CITY, STA	TE, ZIP CODE	•	
CASCADES OF THE SIERRA			275 NEIGHBO RENO, NV 89		AY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
Y 255	Continued From page	e 3	,	Y 255			
	inside of the employe	e restroom was empty.					
	e. The walk-in refrige food debris.	erator floors were soiled	l with				
	f. The dry storage roo syrup boxes was soile	om floor under the soda ed.	a				
	g. A green cutting board was heavily scarred and damaged in the Bistro.						
	h. The drain-line for t draining into the sink						
		the utility room were so around floor sinks in th	I .				
		scoop was improperly s n the Memory Care Loo					
	k. The juice dispensing Memory Care Lodge.	ng heads were soiled ir	n the				
	3. Equipment and Ma	aintenance Issues:					
	a. Copper drain-lines refrigerator were expo						
	b. The dishroom table, the soiled dish side, had damaged sealant at the wall juncture.		had				
	c. A light bulb was burned out in the utility room in the Bistro.		oom				
		the counter-top and sini the Memory Care Lodg					
	Severity 2: Scope: 3						

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		NVN5232AGC		B. WING		06/1	5/2010
NAME OF PR	OF PROVIDER OR SUPPLIER STREET		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		0.2010
CASCADE	S OF THE SIERRA		275 NEIGH RENO, NV	BORHOOD W 89441	AY		
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Y 434	Continued From page	e 4		Y 434			
Y 434 SS=D	449.229(3) Emergence	cy Drills		Y 434			
	record of each drill mu	on must be performed ar schedule, and a writt ust be kept on file at the an 12 months after the o	e				
	This Regulation is not met as evidenced by: Based on record review on 6/15/10, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for 2 of the past 12 months (October 2009 and April 2010).		ity were he				
	Severity: 2 Sco	ope: 1					
Y 444 SS=F	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in prope operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by:		e uant	Y 444			
	Based on record review on 6/15/10, the facility did not ensure smoke detectors were tested 12 out of the past 12 months (July 2009 through June 2010).		12				
	Severity: 2 Sco	ppe: 3					

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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CASCADE	S OF THE SIERRA		275 NEIGHB RENO, NV 8		AY		
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Y 450	Continued From page	e 5		Y 450			
Y 450 SS=D	449.231(1) First Aid a	and CPR		Y 450			
	NAC 449.231 1. Within 30 days after administrator or careginesidential facility is enthe facility, the administrator must be trained caregiver must be trained cardiopulmonary advanced certificate in adult cardiopulmonary issued by the America equivalent certification accepted as proof of the second control of the second care administration of	giver of a mployed at istrator or ined in first aid resuscitation. The n first aid and y resuscitation an Red Cross or an n will be					
	Based on record revied did not ensure that 2 of first aid and cardiopul training within thirty did to the same of	ot met as evidenced by: ew on 6/15/10, the facil of 15 caregivers receive monary resuscitation (of ays of employment st aid, #8 - no first aid of	ity ed CPR)				
	Severity: 2 Sco	ppe: 1					
Y 698 SS=E	Residents Requiring (use of Oxygen-Storage		Y 698			
	facility with a resident oxygen shall: (b) ensure that:	ployed by a residential who requires the use on the second state of the second state o					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMB			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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CASCADE	S OF THE SIERRA		275 NEIGH RENO, NV	BORHOOD W 89441	ΆΥ		
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Y 698	Continued From page	e 6		Y 698			
Y 859 SS=D	This REQUIREMENT by: Based on observation not ensure oxygen tal or to the wall in 3 of 6 oxygen was being use and #289). Severity: 2 Scope: 2	is not met as evidence on on 6/15/10, the facility nks were secured in a re- resident rooms in whice ed (bedroom #177, #27) 2 Physical examination of	did fack ch 77	Y 859			
	significant change in resident, the facility signeral physical examis physician. The repursuant to any instruresident's physician. This Regulation is not Based on record reviefailed to ensure that 3	the physical condition of hall obtain the results of mination of the resident sident must be cared fuctions provided by the lot met as evidenced by: ew on 6/15/10, the facil of 15 residents received that it is a sident with the sident for the si	f a by or ity ed an				
Y 876 SS=C	449.2742(4) Medicati 449.037	on Administration NRS		Y 876			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ AND PLAN OF CORRECTION IDENTIFICATION NUMB			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		NVN5232AGC		B. WING		06/1	5/2010
NAME OF PR				I RESS, CITY, STA	ATE, ZIP CODE		3/2010
	S OF THE SIERRA		275 NEIGH RENO, NV	BORHOOD W 89441	AY		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
Y 876	Continued From page	e 7		Y 876			
	resident needs the ca caregiver may assist controlled substances	er shall assist in the lication to a resident if t regiver's assistance. A	nly if				
	This Regulation is not met as evidenced by: Based on record review on 6/15/10, the facility failed to ensure that an ultimate user agreement was obtained or signed for 15 of 15 residents. Severity: 1 Scope: 3						
Y 877 SS=D	449.2742(5) OTC me Supplements	dications & Dietary		Y 877			
	supplement may be gresident's physician hadministration of the writing or the facility is another physician. The medication or dietary administered in accordinatructions of the physician of over-the-counter managements must be	medication or supplements ordered to do so by the over-the-counter supplement must be redance with the written sysician. The administra	if the ent in				

AND DIAN OF CODDECTION		(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB	BER:		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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NAME OF PR				RESS, CITY, STA	TE, ZIP CODE		10/2010		
CASCADI	CASCADES OF THE SIERRA			275 NEIGHBORHOOD WAY RENO, NV 89441					
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Y 877	Continued From page	e 8		Y 877					
	Based on observation review on 6/15/10, the administer as needed prescribed for 2 of 15 PRN medications were (Resident #5 - missing Resident #7 - missing	ot met as evidenced by n, interview and record e facility would be unable (PRN) medications as a residents because the re not available in the fag Acetaminophen and g Aculan eye drops).	ole to						
Y 878 SS=D	8 449.2742(6)(a)(1) Medication / Change order		er	Y 878					
	the physician. If a ph the amount or times administered to a res	ation prescribed by a dministered as prescribe hysician orders a chang medication is to be sident: ponsible for assisting in medication shall:	e in						
	Based on observation review on 6/15/10, the medications as presonance their medications the facility (Resident eye and #14 - 4 dose addition, the facility f	ot met as evidenced by n, interview and record re facility failed to admir cribed for 2 of 15 reside ations were not availab #8 - 12 doses of MVI se es of Cipro, an antibioticalled to obtain orders fo nue her routine medicati	nister nts le in enior c). In						

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		NVN5232AGC		B. WING		06/15	5/2010
NAME OF PR	NAME OF PROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STA	ATE, ZIP CODE	•	
CASCADE	S OF THE SIERRA		275 NEIGHE RENO, NV 8	BORHOOD W 39441	/AY		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDS OF THE APPROPRIES OF THE	JLD BE	(X5) COMPLETE DATE
Y 878	Continued From page	9		Y 878			
	days after she was tra facility.	il, calcium, aspirin, 3 and multivitamin) for ansferred from another ope: 1					
Y 882	/ 882 449.2742(6)(c) Medication / change order			Y 882			
	the physician. If a physician administered to a resi (c) If the label prepare match the order or prophysician, the physician pharmacist must interprescription and, with ordered, the interpreta	tion prescribed by a ministered as prescribe ysician orders a change nedication is to be dent: ed by a pharmacist doe escription written by a an, registered nurse or pret that order or in 5 days after the charation must be included I pursuant to paragraph	e in s not nge is in				
	Based on record reviet the facility failed to ob- medication label did n	t met as evidenced by: ew and interview on 6/1 tain clarification when a not match a current ordesident #5 - Lactulose).	5/10, a				

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CASCADE	S OF THE SIERRA		275 NEIGHBO RENO, NV 89		AY		
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Y 885	Continued From page	e 10	\	⁄ 885			
Y 885 SS=D	449.2742(9) Medication	on / Destruction	,	/ 885			
	the expiration date of has passed, or a residuscharged from the famedication, an emploshall destroy the med method of destruction witness and note the medication in the reconnection in the reconnection.	acility does not claim the yee of a residential faction, by an acceptable, in the presence of a destruction of the parameter of vials, iners into a toilet shall be pertable method of	ident ne ility ole				
	Based on record revie the facility failed to de	5 residents (Resident # 1 - Ativan).	5/10				
Y 895	449.2744(1)(b)(1) Me	dication / MAR		⁄ 895			
	provides assistance to administration of med (b) A record of the me each resident. The re	lication shall maintain: edication administered t					

Bureau of Health Care Quality and Compliance

		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI		A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PR	NAME OF PROVIDER OR SUPPLIER			SS, CITY, STA	ATE, ZIP CODE		
CASCADE	ES OF THE SIERRA		275 NEIGHBO RENO, NV 89		AY		
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Y 895	administered; (3) The date and to or otherwise misses, medication; and (4) Instructions for medication to the resi	ime that the medication ime that a resident refu an administration of	ses,	Y 895			
	This Regulation is not met as evidenced by: Based on record review on 6/15/10, the facility failed to ensure the medication administration record (MAR) was accurate for 1 of 15 residents (Resident #7 - Hydrocodone).		ity n ents	Y 920			
SS=F	NAC 449.2748 1. Medication, including over-the-counter medications are stored at a residential facility must be stored area that is cool and caregivers employed shall ensure that any medical or diagnostic may be misused or all resident or any other person is protected. Nexternal use only must locked area separate	I in a locked dry. The by the facility medication or equipment that ppropriated by a unauthorized Medication for st be kept in a	ny				

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CASCADES OF THE SIERRA				275 NEIGHBORHOOD WAY ENO, NV 89441					
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Y 920	Continued From page	: 12		Y 920					
	medications. A reside of administering medi without supervision medication in his roor medication is kept in a container for which th been provided a key.	cation to himself lay keep his n if the a locked							
Y 921	This Regulation is not met as evidenced by: Based on observation on 6/15/10, the facility failed to ensure that medications belonging to 8 of 9 residents (not requiring medication assistance) were secured in their apartments. Severity: 2 Scope: 3 449.2748(2) Medication Storage		o 8	Y 921					
SS=F	NAC 449.2748 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room.								
	Based on observation failed to ensure that ro to 3 of 3 insulin deper in locked box inside the	· ·	nging						
	Severity: 2 Scope: 3	5							
Y 936 SS=F	449.2749(1)(e) Resid Tuberculosis	ent file-NRS 441A		Y 936					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
NVN5232AGC				B. WING		06/15/2010			
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CASCADES OF THE SIERRA				75 NEIGHBORHOOD WAY ENO, NV 89441					
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Y 936	Continued From page 13			Y 936					
	NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.		for at e ce st						
	Based on record revie failed to ensure 6 of 1 NAC 441A.380 regard (Resident #1, #4, #5,	·	ity ⁄ith						
	Severity: 2 Sco	ope: 3							
Y 944	449.2749(2) Resident Documentation	t File - Discharge		Y 944					
	(j) of subsection 1 mu which the resident wa in whose care the res resident dies while a document must include death and the dates of	sident was contacted to	to rson If the he the						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
				A. BUILDING				
NVN5232AGC				B. WING		06/15/2010		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	TE, ZIP CODE			
CASCADES OF THE SIEDDA			275 NEIGHI RENO, NV	GHBORHOOD WAY IV 89441				
(X4) ID PREFIX TAG	SUMMARY S' (EACH DEFICIENC REGULATORY OR		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	(X5) COMPLETE DATE			
Y 944	Continued From pag	ne 14		Y 944				
	This Regulation is not met as evidenced by: Based on record review and interview on 6/15/10, the facility did not provide proper documentation regarding a resident who had had been discharged (Resident #16).							
Y9999	Final Observations			Y9999				
	NRS 449.037 Adoption of standards, qualifications and other regulations. 6. The Board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 and 454.213 to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. The regulations must require at least the following conditions before such assistance may be given: (d) The prescribed medication is not administered by injection or intravenously. Based on observation and interview on 6/15/10, the facility allowed a resident to remain after an							
	intravenous catheter antibiotic therapy. Severity: 2 Scope:	was inserted for intrave	enous					